

Health Department, City of Baltimore.

Permit No. 99370 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18/87

Full Name of Deceased, Maria Askins

Sex, Male or Female, Female

Age, 46 Years, Months, Days.

Color, colone

Married, Single, Widow or Widower, None

Occupation, None

Birth Place, Bald. cit

Duration of Residence in the City of Baltimore, during life time

Place of Death, 147 S. Caroline

Cause of Death, Pyemia
Exhaustion

Duration of Last Sickness, About 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Home Dr Green

Date of Burial, April 20/87

Undertaker, W. Madden R. W. Mansfield M. D.

Place of Business, 40 East St Address, 129 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

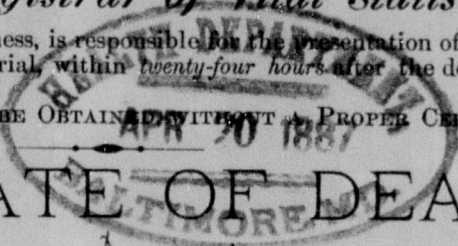
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99371 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

a

Date of Death, April 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann, Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Seventy Years, — Months, — Days

Color, S

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, Seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Berlin MD

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, { Give Street and Number. } 44 Selma Street

Cause of Death, { First (Primary), Second (Immediate), } Chronic Disease of Heart & Kidneys
Dropsy - Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, April 20 1887

Undertaker, W. W. Madden Whitfield Winsey M. D.
Medical Attendant.

Place of Business, 46 East St Address, 1220 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99372 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Volenti Lazarski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} 1734 Lancaster St

Cause of Death, {First (Primary), Second (Immediate),} Apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Agathe's Church

Date of Burial, April 21st 1887

{ Undertaker, John H. Rehberger M. D. Medical Attendant.

{ Place of Business, 1732 Alameda Address, 1709 Alameda

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99373 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hranicka

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three (3) Years, Three (3) Months, Twenty one (21) Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bohemian ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bohemian

Duration of Residence in the City of Baltimore, Five (5) Months

Place of Death, { Give Street and Number. } 16 Miller St

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National Co

Date of Burial, Apr 20 / 87

Undertaker, Frank Coach } Chas. B. Lieger M. D. Medical Attendant.

Place of Business, 827 N. Durham St Address, 920 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

99374

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Ann Simms

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 821 Mc Aleer St.

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21st 1887

{ Undertaker, Chas S. Butler Edwin B. Fenby, M. D.
Medical Attendant }

{ Place of Business, A. Carolina Address, 1201 N. Eden St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99375 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie Smith
Sex, Male or Female, {Cross out the word not required in this line.} Female
Age, 30 Years, Months, Days.

Color, Colored
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 0 years

Place of Death, {Give Street and Number.} 761 Babcock St

Cause of Death, {First (Primary), Second (Immediate),} Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 21 1887

Undertaker, W. H. Chan

Place of Business, 641 Howard St

J. A. Gillis M. D.
Medical Attendant.
Address, 437 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99376

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Delia Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give Street and Number. } 1701. Schenck St Charles

Cause of Death, { First (Primary), Second (Immediate), } Purpurae from

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Boney Bray

Date of Burial, April 21

{ Undertaker, B. Hare

{ Place of Business, No 82 N. St

Medical Attendant, M. D.

Address, 578 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the fact that this Certificate is not valid unless it is signed by the Physician who attended the deceased during his or her last illness, and is presented to the Registrar of Vital Statistics within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

Health Department, City of Baltimore.

Permit No. 99377 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1887

Full Name of Deceased, Emma S. Riley { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 26 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, Married { Cross out the words not required in this line. }

Occupation, None

Birth Place, City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 1714 N. Calvert St. { Give Street and Number. }

Cause of Death, Septic Peritonitis { First (Primary), Second (Immediate), }
following confinement

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Apr 21 1887

Undertaker, Stewart & Wm Medical Attendant.

Place of Business, 215 Park Ave Address, 1113 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

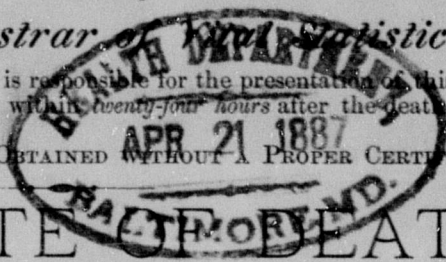
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99378 Office of Registrar of ~~Vital Statistics~~ Statistics. Ward 11

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 20th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. John Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 Years, 1 Month, 20 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Retired

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 236 W. Biddle St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, Ten (10) hours

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, April 22nd 1887

Undertaker, Stewart & Mowen Louis M. Knight M. D. Medical Attendant.

Place of Business, 215 & 217 Park Ave Address, 414 N. Greene
Mo Royal & Boundary aces

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99379

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

April 19th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Mary B. Nickerson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

54 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Balth

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

Carrollton Hotel

Cause of Death,

First (Primary),

Chronic Bronchial Catarrh

Second (Immediate),

with fatal degenerating heart

Duration of Last Sickness,

3 days (last illness)

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Apr 21/87

Undertaker,

Stewart & Son

Edw J. Nicholson M. D.

Medical Attendant.

Place of Business,

345 N. E. St.

Address, 707. N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]